

**SPECIAL CLAIMS
PROCESS
(1500 PROFESSIONAL)**



DISCLAIMER

- SoonerCare policy is subject to change.
- The information included in this presentation is current as of October 2020.
- Stay informed with current information found on the OHCA public website: www.okhca.org by signing up for web alerts.

CLASS DESCRIPTION

This class is an overview of the recent ‘Special Process’ feature now included on the Provider Portal. As OHCA continues the “Going Green” initiative, if a claim requires Special Processing using the HCA-17, this action can now be completed and submitted on the Sooner Care Provider Portal. We will discuss and demonstrate the process of completing a claim for Special Processing via the Provider Portal. This class will not cover policy or other types of claim submission.

AGENDA

- Special processing defined
- Important notes
- Special processed claim examples
- Claims that don't require special processing
- Special process submission
- Reminders
- Questions

SPECIAL PROCESSING DEFINED

SPECIAL PROCESSING DEFINED

- A Special Processed claim is a claim that has been previously submitted but all or a portion of the claim has been denied.
- Certain claim denials can be appealed using the special processing feature through the provider portal.
- Additional documentation must be submitted to support the appeal. This includes the HCA-17A form.

IMPORTANT NOTES

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- Beginning Nov. 2, 2020, special processed claims will be accepted through the OHCA secure provider portal using the HCA-17A function.
- Paper claims that require special processing will no longer be accepted as of Dec. 31, 2020.
- Effective Jan. 1, 2021, special processed claims must be submitted using the provider portal HCA-17A function.

IMPORTANT NOTES

- Special processed claims are reviewed on an individual basis and are not guaranteed payment.
- Supporting documentation is required for all special processed claims. This includes the HCA-17A form.
- Documentation must be uploaded. Faxed or mailed attachments for the HCA-17A process will not be accepted.

IMPORTANT NOTES

- Claims must be filed within the first six months from the date of service to establish timely filing.
- Timely filing proof is considered a claim from the OHCA secure provider portal that reflects the ICN and line item details or a copy of an OHCA Remittance Advice with the same information.
- Examples provided in the presentation are not an all-inclusive list.

SPECIAL PROCESSED CLAIM EXAMPLES

1500 PROFESSIONAL CLAIMS

- Multiple physician visits on the same day:
 - Different group & rendering provider,
 - Different rendering provider specialty,
 - Different group but same rendering provider or
 - Same CPT/HCPC code.
- Multiple ER visits on the same day.

1500 PROFESSIONAL CLAIMS

- Ambulance – two transports on the same day.
 - Run sheets for both transports are required.
- Air ambulance transport paid as ground mileage instead of air.
- Services that are incidental or mutually exclusive.

1500 PROFESSIONAL CLAIMS

MEDICARE CROSSOVER CLAIMS

- Multiple Medicare Crossover claims on the same day:
 - Same billing group,
 - Different rendering provider, or
 - Same CPT/HCPC code.
- Medicare non-covered services:
 - Only payable if Medicare denial is appropriate and service is covered under OHCA policy.

OTHER EXAMPLES

- A claim past the timely filing limit can be submitted for special processing if it meets one of the four following criteria:
 - Administrative agency corrective action or action taken to resolve a dispute.
 - Reversal of the eligibility determination.
 - Investigation for fraud or abuse of the provider.
 - Court order or hearing decision.

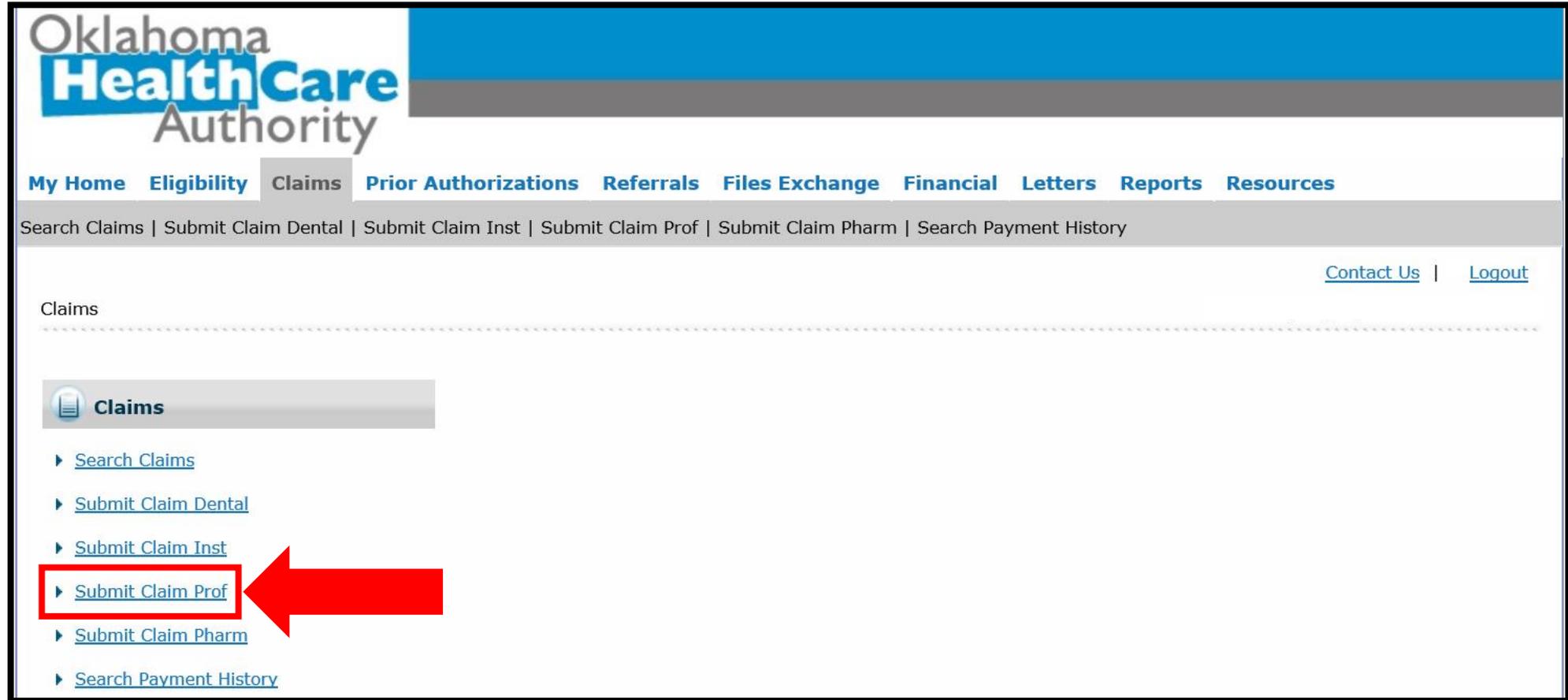
**CLAIMS THAT DON'T
REQUIRE SPECIAL
PROCESSING**

CLAIMS THAT DON'T REQUIRE SPECIAL PROCESSING

- Third Party Liability.
- Soon-to-be-Sooners.
- Claims billed with a modifier that requires review but no attachments were sent.
- Claims filed with incomplete supporting documentation.
- Claims within standard timely filing limit.
- Medicare crossovers (covered services).

**SPECIAL PROCESS
SUBMISSION**

SPECIAL PROCESS SUBMISSION



Oklahoma HealthCare Authority

[My Home](#) [Eligibility](#) **Claims** [Prior Authorizations](#) [Referrals](#) [Files Exchange](#) [Financial](#) [Letters](#) [Reports](#) [Resources](#)

[Search Claims](#) | [Submit Claim Dental](#) | [Submit Claim Inst](#) | [Submit Claim Prof](#) | [Submit Claim Pharm](#) | [Search Payment History](#)

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Claims

Claims

- ▶ [Search Claims](#)
- ▶ [Submit Claim Dental](#)
- ▶ [Submit Claim Inst](#)
- ▶ [Submit Claim Prof](#)
- ▶ [Submit Claim Pharm](#)
- ▶ [Search Payment History](#)

Select the Claims tab then Submit Claim Prof.

SPECIAL PROCESS SUBMISSION

Oklahoma
HealthCare
Authority

[My Home](#) [Eligibility](#) [Claims](#) [Prior Authorizations](#) [Referrals](#) [Files Exchange](#) [Financial](#) [Letters](#) [Reports](#) [Resources](#)

[Search Claims](#) | [Submit Claim Dental](#) | [Submit Claim Inst](#) | **[Submit Claim Prof](#)** | [Submit Claim Pharm](#) | [Search Payment History](#)

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[Claims](#) > [Submit Claim Prof](#)

Submit Professional Claim: Step 1 ?

* Indicates a required field.

Claim Type
Crossover Professional

EVV SERVICES ONLY timely filing

HCA-17

Select the Claim Type based on the services rendered.

SPECIAL PROCESS SUBMISSION

Submit Professional Claim: Step 1 ?

* Indicates a required field.

Claim Type

EVV SERVICES ONLY timely filing 

HCA-17

These claims will require a COMPLETED HCA-17A and applicable attachments to be uploaded upon submission.

Leave the drop-down for **EVV SERVICES ONLY** timely filing as 'No' when filing an HCA-17A special processed claim.

SPECIAL PROCESS SUBMISSION

Error
The value of "Yes" cannot be selected for both the EVV Services Only timely filing and HCA-17 dropdown list.

Submit Professional Claim: Step 1 ?

* Indicates a required field.

Claim Type Professional

EVV SERVICES ONLY timely filing Yes

HCA-17 Yes

These claims will require a COMPLETED HCA-17A and applicable attachments to be uploaded upon submission.

If 'Yes' is selected for EVV SERVICES ONLY timely filing and HCA-17, an error message will display after the Continue button is clicked.

SPECIAL PROCESS SUBMISSION

Submit Professional Claim: Step 1 ?

* Indicates a required field.

Claim Type

EVV SERVICES ONLY timely filing

HCA-17 

Provider Information

This panel contains provider information.

Billing Provider ID Name	ID Type NPI
Zip Code	Taxonomy
Contract Code	SC Provider Number
Referring Provider ID <input type="text"/>	ID Type <input type="text" value=""/>
Ordering Provider ID <input type="text"/>	ID Type <input type="text" value=""/>
Other Facility ID <input type="text"/>	ID Type <input type="text" value=""/>
	Ordering Zip Code <input type="text"/>

Select the HCA-17 drop down and choose 'Yes'.

SPECIAL PROCESS SUBMISSION

[My Home](#) [Eligibility](#) [Claims](#) [Prior Authorizations](#) [Referrals](#) [Files Exchange](#) [Financial](#) [Letters](#) [Reports](#) [Resources](#)

[Search Claims](#) | [Submit Claim Dental](#) | [Submit Claim Inst](#) | **[Submit Claim Prof](#)** | [Submit Claim Pharm](#) | [Search Payment History](#)

[Contact Us](#) | [Logout](#)

[Claims](#) > [Submit Claim Prof](#)

Submit Professional Claim: Step 1 ?

* Indicates a required field.

Claim Type

EVV SERVICES ONLY timely filing

HCA-17

These claims will require a COMPLETED HCA-17A and applicable attachments to be uploaded upon submission.



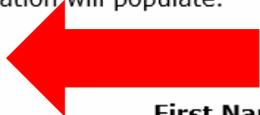
Please note, the claim will require a COMPLETED HCA-17A and applicable attachments to be uploaded upon submission.

SPECIAL PROCESS SUBMISSION

Provider Information			
This panel contains provider information.			
Billing Provider ID		ID Type	
Name			
Zip Code	Contract Code	Taxonomy	SC Provider Number
Referring Provider ID	<input type="text"/>	ID Type	<input type="text"/>
Ordering Provider ID	<input type="text"/>	ID Type	Ordering Zip Code <input type="text"/>
Other Facility ID	<input type="text"/>	ID Type	<input type="text"/>

Provider Information – Enter the provider information if required based on the service provided.

SPECIAL PROCESS SUBMISSION

Patient Information			
Enter the Member ID. If Member ID is valid, the rest of the member information will populate.			
*Member ID	<input type="text"/>		
Last Name		First Name	Middle
Birth Date			

Member ID – Enter the member’s SoonerCare ID number.

SPECIAL PROCESS SUBMISSION

Claim Information

Enter information applicable to the claim. If Other Insurance information needs to be entered, then Include should be selected in the Other Insurance dropdown. The Other Insurance details can be entered on Submit Step 2.

Date Type	<input type="text"/>	Date of Current	<input type="text"/>
Accident Related	<input type="text"/>	Expected Delivery Date	<input type="text"/>
Patient Account Number	<input type="text"/>		
From Date	-		
CLIA Number	<input type="text"/>	<input type="text"/>	<input type="text"/>
*Other Insurance	<input type="text"/>	HMO Copay	<input type="text"/>
		Total Charged Amount	\$0.00



Claim Information – Complete required fields, if applicable.
Click **Continue** to proceed to Step 2.

SPECIAL PROCESS SUBMISSION

Diagnosis Codes

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

#	ICD Version	Diagnosis Code	Action
<u>1</u>			

1 *ICD Version *Diagnosis Code

Diagnosis Codes – Enter the ICD-10 diagnosis code without the decimal point then click **Add**. Repeat the same step to add additional diagnosis codes if needed. Click **Continue**.

SPECIAL PROCESS SUBMISSION

Service Details

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

Svc #	From Date	To Date	Place of Service	Procedure Code	Charge Amount	Units	Action
1							

1 *From Date To Date *Place of Service EMG

*Procedure Code Modifiers *Diagnosis Pointers

Charge Amount *Units Unit Type Unit EPSDT

CLIA Number DMH Contract Source

Rendering Provider ID ID Type Zip Code Contract Code

Taxonomy SC Provider Number

Ordering Provider ID ID Type Zip Code

NDC for Item 1

[Add](#)



Service Details – Only submit the line item(s) that require special processing.

SPECIAL PROCESS SUBMISSION

Service Details -

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

Svc #	From Date	To Date	Place of Service	Procedure Code	Charge Amount	Units	Action
1	10/05/2020	10/05/2020	41-Ambulance-Land	A0426-ALS 1	\$400.00	1.00 Unit	Remove
2							

2 ***From Date** **To Date** ***Place of Service** **EMG**

***Procedure Code** **Modifiers** ***Diagnosis Pointers**

Charge Amount ***Units** **Unit Type** **EPSDT**

CLIA Number **DMH Contract Source**

Rendering Provider ID **ID Type** **Zip Code** **Contract Code**

Taxonomy **SC Provider Number**

Ordering Provider ID **ID Type** **Zip Code**

Service Details – Enter additional line items, if applicable.

SPECIAL PROCESS SUBMISSION

Attachments

Click the **Remove** link to remove the entire row.

Instructions for submission of HCA-17 claims MUST be followed. Please read carefully.

Required Attachments to be uploaded MUST include:

- Completed [HCA-17A Form](#)
- All Supporting documentation for review



Attachment Indicators(below) MUST include:

- Transmission Method: File Transfer
- Attachment Type: 77-Support Documentation for Verification
- Description: **e.g. Duplicate services on same day or Medicare non - covered services**

- **Attachments** – Required attachments to be uploaded:
 - Completed HCA-17A Form.
 - All Supporting documentation for review.

HCA-17A

- The HCA-17A form must be uploaded as an attachment.
- Provider Number, Member Demographics, Date of Service must match the claim submission.
- Related ICN must reflect a previously submitted claim.

STATE OF OKLAHOMA
OKLAHOMA HEALTH CARE AUTHORITY
PROVIDER PORTAL CLAIM APPEAL AND REVIEW COVER SHEET

THIS COVER SHEET MUST BE UPLOADED AS AN ATTACHMENT

This cover sheet is **ONLY** for claim appeals sent via the Provider Portal. Please include original information and **ANY** additional documentation to support your request along with this cover sheet. A completed cover sheet and supporting documentation is required for each appeal.

PROVIDER INFORMATION

Provider Name and Address:	Provider Number:
	Group Number: <i>(if applicable)</i>
	Telephone:

CLAIM INFORMATION

Member Name	Member ID Number	Date of Service	Related ICN

INQUIRY: (Please list specific reasons why claim needs/requires special processing.)

Contact Name <i>(printed)</i> :	Date:
Phone Number:	
Email Address:	

For Internal Use Only	THIS COVER SHEET MUST BE UPLOADED AS AN ATTACHMENT
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OKLA HCA Revised: 8/20/20 HCA-17A

SPECIAL PROCESS SUBMISSION

PROVIDER INFORMATION	
Provider Name and Address: SoonerCare Provider 4345 N. Lincoln Blvd Oklahoma City, OK 73105	Provider Number: 100000000A Group Number: 200000000A <i>(if applicable)</i> Telephone: (405) 867-5309

- Provider Name & Address – Group or individual provider.
- Provider Number – Rendering provider SoonerCare ID.
- Group Number – Billing group SoonerCare ID.
- Telephone – Telephone number.

SPECIAL PROCESS SUBMISSION

PROVIDER INFORMATION			
Provider Name and Address: SoonerCare Provider 4345 N. Lincoln Blvd Oklahoma City, OK 73105		Provider Number: 100000000A	
		Group Number: 200000000A <i>(if applicable)</i>	
		Telephone: (405) 867-5309	
CLAIM INFORMATION			
Member Name	Member ID Number	Date of Service	Related ICN
Suzie SoonerCare	0123456789	10/5/2020	230123456789

- Member Name & ID Number and Date of Service – Must match claim submission.
- Related ICN – Must reflect a claim was previously submitted.

SPECIAL PROCESS SUBMISSION

CLAIM INFORMATION			
Member Name	Member ID Number	Date of Service	Related ICN
Suzie SoonerCare	0123456789	10/5/2020	230123456789
INQUIRY: (Please list specific reasons why claim needs/requires special processing.) Two ambulance runs on the same day - See attached documentation that supports both runs			

Inquiry – List specific reasons why the claim needs or requires special processing.

SPECIAL PROCESS SUBMISSION

Contact Name <i>(printed)</i> : James Bond	Date: 10/5/2020
Phone Number: (405) 867-5309 xt. 123	
Email Address: jamesbond@okhca.org	
For Internal Use Only LEAVE BLANK	THIS COVER SHEET MUST BE UPLOADED AS AN ATTACHMENT
OKLA HCA Revised: 8/20/20	HCA-17A

- Contact Name, Phone Number & E-mail Address – Must belong to the person submitting the special processed claim.
- Date – When the special processed claim is submitted.
- For Internal Use Only – Leave blank.

SPECIAL PROCESS SUBMISSION

- Supporting documentation examples may contain, but are not limited to:
 - HCA-17A form.
 - Proof of timely filing.
 - Ambulance transportation run sheets.
 - Explanation of Medicare benefits (EOMB).
 - DHS Letter of retro-eligibility determination.
 - Documentation that supports medical necessity.

SPECIAL PROCESS SUBMISSION

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Click the **Remove** link to remove the entire row.

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Attachment Indicators(below) MUST include:

- Transmission Method: File Transfer
- Attachment Type: 77-Support Documentation for Verification
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#	Transmission Method	File	Control #	Attachment Type	Action
<input type="button" value="+"/>	Click to add attachment.				

Click the + sign to add attachments.

SPECIAL PROCESS SUBMISSION

#	Transmission Method	File	Control #	Attachment Type	Action
<input type="checkbox"/> Click to collapse.					
	*Transmission Method	FT-File Transfer ▾			
	*Upload File	<input type="text"/>			Browse...
	*Attachment Type	<input type="text"/>			
	Description	<input type="text"/>			
<hr/>					
	<input type="button" value="Add"/>	<input type="button" value="Cancel"/>			

- Transmission Method –
 - FT-File Transfer (electronic upload).
 - Up to 10 MB.
 - Accepted file types: JPEG, PDF, TIF, XPS.

SPECIAL PROCESS SUBMISSION

#	Transmission Method	File	Control #	Attachment Type	Action
<input type="checkbox"/> Click to collapse.					
	*Transmission Method	FT-File Transfer ▼			
	*Upload File	<input type="text"/> Browse...			
	*Attachment Type	<input type="text"/> ▼			
	Description	<input type="text"/>			
<input type="button" value="Add"/> <input type="button" value="Cancel"/>					

- **Attachment Type** – 77-Support Documentation for Verification.
- **Description** – Duplicate services on same day or Medicare non – covered services.

SPECIAL PROCESS SUBMISSION

#	Transmission Method	File	Control #	Attachment Type	Action
<input type="checkbox"/> Click to collapse.					
	*Transmission Method	FT-File Transfer			
	*Upload File	C:\Users\ \medicalrecord.pdf			Browse...
	*Attachment Type	77-Support Data for Verification			
	Description	Duplicate services on same day			
	Add				
	Back to Step 1	Back to Step 2		Submit	Cancel

Click Add to attach the documentation.

SPECIAL PROCESS SUBMISSION

#	Transmission Method	File	Control #	Attachment Type	Action
1	FT-File Transfer	medical record.pdf	20201016801075	77-Support Data for Verification	Remove
2	FT-File Transfer	HCA-17A Cover Sheet Form.pdf	20201016691153	77-Support Data for Verification	Remove

Click to add attachment.

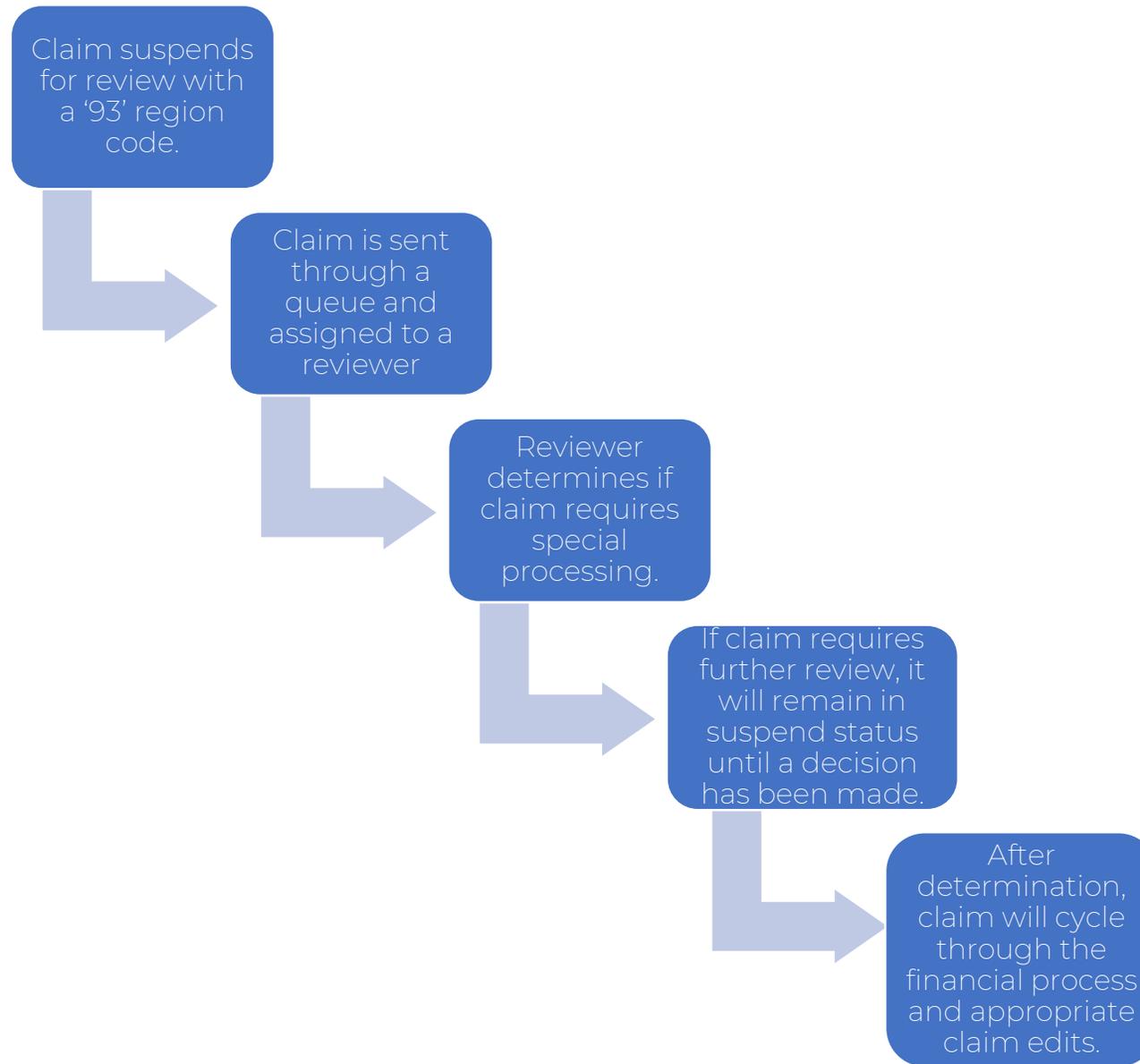
Multiple attachments can be added to the claim but must be the same file type.

SPECIAL PROCESS SUBMISSION

#	Transmission Method	File	Control #	Attachment Type	Action
1	FT-File Transfer	medical record.pdf	20201016801075	77-Support Data for Verification	Remove
2	FT-File Transfer	HCA-17A Cover Sheet Form.pdf	20201016691153	77-Support Data for Verification	Remove
<input type="checkbox"/> Click to add attachment.					
Back to Step 1		Back to Step 2		Submit	



Click **Submit** once all documentation is added.



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OKLAHOMA
Health Care Authority

GET IN TOUCH

4345 N. Lincoln Blvd.
Oklahoma City, OK 73105

okhca.org
mysoonercare.org

Agency: 405-522-7300
Helpline: 800-987-7767

